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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003734

1. Corporation Name

WAUSAU ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

CORNER OF 77 & PIONEER RD.
WAUSAU FL 32463

Mailing Address

P.O. BOX 294
WAUSAU FL 32463



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3034035 171200	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	

9. Name and Address of Current Registered Agent

HADDOCK, DONALD
2905 PIONEER RD.
VERNON FL 32462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HADDOCK, DONALD	1.2 NAME	
STREET ADDRESS	2905 PIONEER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL 32462	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PETTIS, A.D.	2.2 NAME	
STREET ADDRESS	4219 HWY 77	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAPP, JERRY	3.2 NAME	
STREET ADDRESS	3350 BONNETT POND RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUSAU FL 32463	3.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	HAGAN, BERNICE A	4.2 NAME	TD
STREET ADDRESS	1853 HAGAN RD.OND RD.	4.3 STREET ADDRESS	Travis Brock
CITY-ST-ZIP	CHIPLEY FL 32428	4.4 CITY-ST-ZIP	3214 Amanda way
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

2-23-99

CR2E037 (1-1/98)